Part-Year Resident Personal Income Tax Return

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

For the year J	anua	ry 1 ·	December 31, 1998, or other	ax year beginning _			1998, and				, 1999.	66	
First name and initial - if joint return, also give spouse's name and initial Last name								Ĭ	Your social secu	ırity nur	nber		
п													
Present home address - number and street, rural route						Doubling a dal	lambama		Cuevasia sesial				
Present nome at	s - nun	nder and street, rural route		Apt. No.	Daytime tel	iepnone		Spouse's social	security	/ number			
2						()				1	ı		
City, town or pos	e	State	ZIP code	Home teleph	one 94			For DOR (ise only				
					·								
3					()								
Filing	4		Married filing joint return				l						
Status	5		Head of household - name of qua	· · ·									
Check one		Married filing separate return. Enter spouse's social security number above and full name here. ➤											
one	6												
Evenntion	7		Single	•	88								
Exemption Enter	9	Age 65 of over (you allow is spouse)											
number	\neg		Blind (you and/or spouse)										
<u>claimed</u> Residency	10 11	Dependents. From page 2, line A2 - do not include self or spouse. Part-year resident other than active military (Check and)											
Status	12	Part-year resident other than active military (Check one) Part-year resident active military (Energy of the content of the co											
	\vdash	Eod	eral adjusted gross income (from				13		00				
Income			ona income <i>(from page 2, line B</i>							14			00
			tions to income (from page 2, line										00
			ical saving account (MSA) distrib										00
	ı		lines 14, 15 and 16	, ,						17			00
	18	Dep	osits and employer contributions	into MSAs. See page	13 of the in:	structions	18		00				
	19		tive subtraction of 1998 federal r						00				
	20	Subt	ractions from income (from page	e 2, line D35)			20		00				
	21	· ·								21			00
	22	Arizona adjusted gross income. Subtract line 21 from line 17											00
Figuring	23	Ded	uctions. Check box and enter am	ount. 23 I 🔲 ITEMI	ZED 23 S	STAND	ARD 23		00				
Your Tax	24	Pers	onal exemptions. See page 15 o	of the instructions			<u>24</u>		00				
	25	Add	lines 23 and 24							25			00
IMPORTANT:	26		ona taxable income. Subtract line							26 27			00
Attach Federal	27	Compute the tax using Tax Rate Table X or Y											00
Schedule A or Telefile	28		from recapture of credits from A							28			00
Worksheet	29									29			00
and State	I		ily income tax credit from worksl										
Schedule A(PY)	31		lits from Arizona Form 301, line						1 11 - 1 1				
or A(PYN) if you itemized.	32									22			00
iternized.	33 34		nce of tax. <i>Subtract line 33 from</i>							33			00
-	35		ona income tax withheld during 1						00				00
Payments	36		ona estimated tax payments for '						00				
	37	Amo	unt paid with 1998 Arizona exte	nsion request (Form 2))4)		37	1	00	_			
	38												00
Defund or	39		DUE. If line 34 is larger than lin							38			00
Refund or	40	OVE	RPAYMENT. If line 38 is larger	than line 34, enter am	ount of over	payment				40			00
Tax Due	41	Amo	unt of line 40 to be applied to 19	99 estimated tax			41		00				
Attach	42		nce of overpayment. Subtract lin							42			00
copy of your Forms	Vo	luntar	y gifts to:		Arizona W	ildlife Fund		14	00				
W-2 and	Aid	to Edu		13 0) Neighbors	Helping Neighb		6	00				
1099-R	Chi	ld Abus		15 0	Domestic	Violence Shelter		18	00	_			
here.		pecial Olympics Fund 47 00 Political Gift 49 00											
Attach		Check only one if making a political gift: 501 Democratic 50 2 Libertarian 50 3 Reform 50 4 Republican Estimated payment penalty and interest 51 00											
check or	51												
money	52												
order on	53								00	54			00
top of any Forms W-2	54 55		l of lines 43, 44, 45, 46, 47, 48, 4 UND . <i>Subtract line 54 from line</i>							55	1		00
	56		OUNT OWED. Add lines 39 and							56	<u> </u>		00
ADOR 06-0069 (98		AIVIC	OINT ONNED. MUU IIIIES 37 AIIU	ot. IIIOIUUT SUUIAI SEUL	ing number	on payment.				1 30	DOR USE	82	1 00
MDON 00-0009 (98	,										ONLY	تت	

Form 140P	Y (1998	8) Page 2											
		List children and other	er dependents. If mor	e space is ne	eded, attach a sep	arate sl	heet.						
PART A										No. of months			
Dependents		First name	Last nar	me	So	Social security number			Relationship			lived in your home	
Dependents											_		
Do not list											_		
yourself or													
spouse.													
	A2	Enter total number of	nersons listed in A1	here and on	the front of this form	m hox 1	10		-	ΓΟΤΑL	A2		
			•									ļ	
	A3	Enter the names of the	ne dependents age 6	5 or over liste	ed above who do no	ot qualit	y as y	our depend	ent on your federal	return:			
PART B	B4	List other state(s) of residency Amounts from federal return										1998 ARIZONA	
Arizona												Amounts only	
Percent of	B5	Wages, salaries, tips	s, etc					B5	00)		00	
Total	B6	Interest						B6	00)		00	
Income	B7	Dividends						B7	00)		00	
	B8	Arizona income tax r	efunds					B8	00)		00	
	B9 Alimony received							В9	00)		00	
	B10	Business income or	(loss) from federal S	chedule C				B10	00)		00	
		Gain or (loss) from fe	•						00)		00	
		Rents, royalties, par						[511]		_			
		federal Schedule E	•		•			B12	00)		00	
	B13	Other income report							00			00	
	ı	Total income. Add I	•						00			00	
		rotal moomo. / laa /	mos zo umougn z ro	••••••				[514]	100	_			
	B15	Total IRA deduction.						B15	00)		00	
	B16	Other federal adjustr	ments. Attach your o	wn schedule				B16	00)		00	
		Total adjustments.							00)		00	
									00)			
	B18 Federal adjusted gross income. Subtract line B17 from line B14 in FEDERAL Column B18 00 B19 Arizona income. Subtract line B17 from line B14 in ARIZONA Column. Enter												
	here and on the front of this form line 14									B19		00	
	R20	Arizona percentage.								·		9	
	520	Anzona percentage.	Divide line D17 by II	nc Dio ana c	inci inc result (no	i ovci i	0070)			DZU	l		
PART C	C21	Early withdrawal of A	Arizona Retirement S	System contrib	outions					C21		00	
Additions	ı	Other additions to in		•								00	
To Income		Total. Add lines C21			•					. C23		00	
		Exemption: Age 65 (00				
PART D		Exemption: Blind. <i>M</i>							00				
Subtractions	ı	Exemption: Depende	, ,	, ,					00				
From													
Income	D28											00	
	D29											00	
	D30	3 ,										00	
	D30	3 3										00	
	l	,										00	
	ı	32 Agricultural crops contributed to Arizona charitable organizations										00	
	ı	Alternative fuel vehicles and refueling equipment										00	
	l .	34 Other subtractions. See instructions and attach your own schedule											
	D35						20			D35		00	
PART E	E30	Last name(s) used in	n prior years il diliere	ent irom name	e(s) usea in current	year.							
	11	Lhour road this return and any attachments with it Under populies of particular to the best of my limited as and helief they are two served and any other popular to the least of the limited and helief they are two served and any other popular to the least of the limited and helief they are two served and any other popular to the least of the limited and the limited and helief they are two served and the limited											
		I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are										and complete.	
		Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Occupation											
Please	Date Coopation												
Sign			-time-kina					Constant and the second of the					
Here	Spouse's signature Date Spouse's occupation												
Paid	Preparer's signature Firm's name (preparer's if self-employed)												
Preparer's													
Information	Preparer's TIN Date Preparer's address												